

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214502552		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CONCORD VOLUNTEER FIRE DEPARTMENT, INCORPORATED</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JODY MAYBERRY 12573 RICHMOND HIGHWAY CONCORD, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CAMPBELL COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/6/2014</p> <p>SCC ID NO: 00858282</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: PO BOX 26</p> <p style="margin-left: 40px;">CITY/ST/ZIP: CONCORD, VA 24538</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
NAME: GERALD INGE TITLE: PRESIDENT ADDRESS: 713 MT OLIVET CHURCH ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24504	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: CHARLIE MARTIN TITLE: TREASURER ADDRESS: 1683 OXFORD FURNACE RD CITY/ST/ZIP/CO: LYNCHBURG, VA 24504	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: JIM KIRBY TITLE: DIRECTOR ADDRESS: 56 COUNTRY WOODS RD CITY/ST/ZIP/CO: LYNCHBURG, VA 24504	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: Kirk Pugh TITLE: Chief ADDRESS: 617 Hummingbird Lane CITY/ST/ZIP/CO: Concord, VA 24593	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: Jeremy Edwards TITLE: VICE PRESIDENT ADDRESS: 184 Farm Meadows Drive CITY/ST/ZIP/CO: Concord, VA 24538	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: Jim Kershner TITLE: Deputy Chief ADDRESS: P.O. Box 467 CITY/ST/ZIP/CO: Concord, VA 24538	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		

NAME:	Claude Owen	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst. Chief		
ADDRESS:	33 Long Mountain Drive		
CITY/ST/ZIP/CO:	Lynchburg, VA 24504		
NAME:	Robert Goin	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Captain		
ADDRESS:	932 Falling Creek Road		
CITY/ST/ZIP/CO:	Appomatox, VA 24522		
NAME:	Jody Mayberry	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Lieutenant		
ADDRESS:	4628 Spring Mill Road		
CITY/ST/ZIP/CO:	Concord, VA 24538		
NAME:	Natie Lundberg	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P.O. Box 928		
CITY/ST/ZIP/CO:	Concord, VA 24538		
NAME:	Greg Evans	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	340 Booth Road		
CITY/ST/ZIP/CO:	Concord, VA 24538		
NAME:	Matt Hall	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2550 Oxford Furnace Road		
CITY/ST/ZIP/CO:	Lynchburg, VA 24504		
NAME:	Lewis Bryant	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6231 Village Highway		
CITY/ST/ZIP/CO:	Lynchburg, VA 24504		
NAME:	Frankie Metz	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5901 Spring Mill Road		
CITY/ST/ZIP/CO:	Concord, VA 24538		
NAME:	Bobby Bradley	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	170 Rector Road		
CITY/ST/ZIP/CO:	Concord, VA 24538		
NAME:	Terry Harris	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	68 Long Mountain Drive		
CITY/ST/ZIP/CO:	Lynchburg, VA 24504		
NAME:	Cokie Davidson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1071 Mt. Olivet Church Road		
CITY/ST/ZIP/CO:	Lynchburg, VA 24504		

NAME:	Bernie Davis	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	579 Quail Road		
CITY/ST/ZIP/CO:	Lynchburg, VA 24504		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CHARLIE MARTIN	CHARLIE MARTIN, TREASURER	1/6/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			